

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10615337**
APPLICANT(S)

FILING DATE **7/7/03**

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4		1				
5	1					
6	1					
7	1					
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50						
TOTAL IND.	5					
TOTAL DEP.	2					
TOTAL CLAIMS	7					

	IND	DEP	IND	DEP	IND	DEP
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